

TOWN OF EAST WINDSOR
Parks and Recreation Department
Mailing Address: 11 Rye Street
Broad Brook, CT 06016
(860) 627-6662

The following form must be completed prior to participation in any recreation program sponsored by the East Windsor Recreation Department. All payment(s) must be included with the registration form. Consider yourself registered if you do not hear from us.

Please consider donating to the EW Fuel Bank. Every dollar counts. I would like to donate to the EW Fuel Bank in the amount of _____.

Program/Event _____

Participant's Name _____ **Age** _____ **Grade** _____

Address _____ **Tele:** _____

Email Address: _____

Emergency Contact _____ **Tele:** _____

Special Concerns _____

Payment Enclosed \$ _____ **Method: Check #** _____ **Cash \$** _____

I understand that injuries are a possibility as a result of participation in this activity. In case of emergency, if family cannot be reached, I hereby authorize any attending Emergency Department Physician to treat me. I also understand that my own medical insurance will be used in the event of an injury.

I agree to hold harmless the Town of East Windsor, the Parks and Recreation Department, it's officers, sponsors, agents, employees and anyone else associated with the program, from any loss, blame, expenses, injuries, property damage and liability whatsoever that may arise from participation in this program.

Photo Release: EWP&R has my permission to use any snapshots of my child taken during parks and recreation events and programs. These pictures may be used for promotional materials in both print and online form.

_____ **Parent/Legal Guardian initial** _____ **YES** _____ **NO**

Signature: _____ **Date:** _____

****Payment / Refund Policies****

We accept cash and checks payable to "East Windsor Parks and Recreation." Returned checks will be charged a \$20 fee.

NO REFUNDS will be given after a program begins unless extenuating circumstances prevents you from participating in the program. The costs of trips are also non-refundable.

Please keep as your receipt: Program Name: _____

Payment Amount: _____ **Check # or Cash:** _____ **Date:** _____